NEW_MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

20.02

REQUEST FOR	(OIL) - (GAS)	ALLOWABLE	[]		New Well
--------------------	---------------	-----------	----	--	----------

HOPBS OFFICE Asycompleted Oil or Gat well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an off well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				(riace)		
WE ARE	HEREBY	REQUEST	ING AN ALLOWABLE	E FOR A WELL KI	NOWN AS:	
STANDARD (C	ompany or (PANY OF ! Operator)	TELAS (1	(ease) , Well No.	, in	
Unit I	, S	cc 27.	, T 178 , R 1	58 , NMPM., Y	annun (Beinen R	For Poo
			County. Date Spude			
	ase indicate		Elevation	Total	1 Depth	PBTD
D C	СВ	BA	Top Oil/Gas Pay	NameName	of Prod. Form.	eran Rivers
			PRODUCING INTERVAL -			
E	FG	H	Perforations 201	6-54 & 3062-70 Depth	1/4 Jata per 0	
		-	Open Hole	Depth Casin	ng Shoe 32/3	Depth Tubing 1102
L	КЈ	T	OIL WELL TEST -			
-		2180	Natural Prod. Test:	bbls.oil,	bbls water in	Chokehrs,min. Size
M	NO	P	Test After Acid or Fr	acture Treatment (afte	r recovery of volume	of oil equal to volume of
	11-	¹ 081	load oil used):	bbls.oil,	bbls water in'	Choke hrs,min. Size
			GAS WELL TEST -			
			Natural Prod. Test:	MCF/D.	ay; Hours flowed	Choke Size
	_	menting Recor	rd Method of Testing (pir	tot, back pressure, etc	c.):	
Size	Feet	5ax	Test After Acid or Fra	acture Treatment:	MCF/1	Day; Hours flowed
9-5/8	101	250	Choke SizeMe	ethod of Testing:		
			Acid or Fracture Treat	ment (Give amounts of	materials used such	as acid, water, oil, and
	3235	500				as acid, water, oil, and
2"tbg	3094		sand): 5000 gold Casing Tubin Press. Press	g Date first	new	
		1	Gil Transporter			
	L	· · · ·	Gas Transporter	lling Patroleum	Company	
emarks :	GL to	KDB 8.61				
•••••			t star	0 1 4 1 1 J J J	- 4 5	<u>A</u>
I hereb	y certify th	at the infor	mation given above is t	true and complete to t	the best of my know	ledge.
proved		·····	, 19		OIL COMPANY OF	TRIAS
011	CONSET	WATION	0010000000		Company or Ope	rator)
On		VALION	COMMISSION	By:	(Signature)	<u>IV</u>
:		<u> </u>	11 der	Title Di st.r.	ot Engineer	
le	\sim	Cassers	÷	Send (Communications reg	arding well to:
	·····	·····		 Name STAND	ARD OIL COMPAN	
					N "B". ROYALTY	
				ACCORESS NA	I LL A DULL A LL T	A 1. TAA 1173